

CPPU USE ONLY	
App #:	
Doc #:	
Check #: No fee required	
Program: Natural Diversity Database Endangered Species	
Hardcopy Electronic	

# Request for Natural Diversity Data Base (NDDB) State Listed Species Review

Please complete this form in accordance with the <u>instructions</u> (DEEP-INST-007) to ensure proper handling of your request.

There are no fees associated with NDDB Reviews.

## Part I: Preliminary Screening & Request Type

Before submitting this request, you must review the most current Natural Diversity Data Base "State and Federal Listed Species and Significant Natural Communities Maps" found on the <a href="DEEP website">DEEP website</a> . These maps are updated twice a year, usually in June and December.			
Does your site, including all affected areas, fall in an NDDB Area according to the map instructions:  ☐ Yes ☐ No Enter the date of the map reviewed for pre-screening: June 2020			
This form is being submitted for a :			
<ul> <li>✓ New NDDB request</li> <li>☐ Renewal/Extension of a NDDB         Request, without modifications and within two years of issued NDDB determination         (no attachments required)</li> <li>[CPPU Use Only - NDDB-Listed Species Determination # 1736]</li> </ul>	<ul> <li>New Safe Harbor Determination (optional) must be associated with an application for a GP for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities</li> <li>Renewal/Extension of an existing Safe Harbor Determination</li> <li>With modifications</li> <li>Without modifications (no attachments required)</li> </ul>		
Enter NDDB Determination Number for Renewal/Extension:	Enter Safe Harbor Determination Number for Renewal/Extension:		

### **Part II: Requester Information**

\*If the requester is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of the State's database CONCORD. (www.concord-sots.ct.gov/CONCORD/index.jsp)

If the requester is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).

If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the Request to Change company/Individual Information to the address indicated on the form.

1.	Requester*		
	Company Name: Rema Ecological Services, LLC		
	Contact Name: George T. Logan		
	Address: 164 East Center Street, Suite 8		
	City/Town: Manchester	State: CT	Zip Code: 06040
[	Business Phone: 860-649-7362	ext.	
[	**E-mail: rema8@aol.com		
	**By providing this email address you are agreeing to receive this electronic address, concerning this request. Please reme you can receive emails from "ct.gov" addresses. Also, please changes	ember to check y	your security settings to be sure
a)	Requester can best be described as:		
	☐ Individual ☐ Federal Agency ☐ State agence	cy 🗌 Munici	pality 🗌 Tribal
	★ business entity (* if a business entity complete i through	n iii):	
	i) Check type 🛛 corporation 🖂 limited liability com	pany 🗌 lim	ited partnership
	☐ limited liability partnership ☐ statuto	ory trust \[ \] O	ther:
	ii) Provide Secretary of the State Business ID #: $0539455$	This information	n can be accessed at the
	Secretary of the State's database (CONCORD). (www.	ww.concord-sots	.ct.gov/CONCORD/index.jsp)
	iii) Check here if your business is <b>NOT</b> registered with t	the Secretary of	State's office.
b)	Acting as (Affiliation), pick one:		
	Property owner Consultant Engineer	Facility owne	er
	☐ Biologist ☐ Pesticide Applicator ☐ Other r	representative:	
2.	List Primary Contact to receive Natural Diversity Data Badifferent from requester.	ase correspond	dence and inquiries, if
	Company Name:		
	Contact Person:	Title:	
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.	
	**E-mail:		

## **Part III: Site Information**

This request can only be completed for one site. A separate request must be filed for each additional site.

1.	SITE NAME AND LOCATION		
	Site Name or Project Name: North Stonington Solar Facility		
	Town(s): North Stonington, CT		
	Street Address or Location Description: Cranberry Bog Road, Boom Bridge Road, Providence-New London Turnpike		
	Size in acres, or site dimensions: 157		
	Latitude and longitude of the center of the si	te in decimal degrees (e.g., 41.23456 -71.68574):	
	Latitude: 41.43156° N	Longitude: $71.82130^{\circ}$ W	
	Method of coordinate determination (check of	one):	
	☐ GPS ☐ Photo interpolation using ⊆	CTECO map viewer	
2a.	a. Describe the current land use and land cover of the site.		
	Undeveloped: Forest (including wetlands), scrub shrub (including wetlands), abandoned sparsely vegetated quarry (sand/gravel)		
b.	. Check all that apply and enter the size in acres or % of area in the space after each checked category.		
	☐ Industrial/Commercial	☐ Residential ☐ Forest 67.5	
	$oxed{\boxtimes}$ Wetland $20.4$	☐ Field/grassland ☐ Agricultural	
	☐ Water	Utility Right-of-way	
	☐ Transportation Right-of-way	☑ Other (specify): scrub-shrub - 2.8; quarry - 4.5	
Part	IV: Project Information		
1.	PROJECT TYPE:		
	Choose Project Type: Utility construction/mod	dification, If other describe: 9.9 MW (AC) solar facility	
		nce, repair, or improvement of an existing structure within the If yes, explain.	

# Part IV: Project Information (continued)

3.	Give a detailed description of the activity which is the subject of this request and describe the methods and equipment that will be used. Include a description of steps that will be taken to minimize impacts to any known listed species.
	Roughly 47 acres would be developed to accommodate the solar power facility. Constuction would include land clearing, grubbing (in part), grading (in part), constuction of stormwater management facilities.
	Avoidance of tree clearing during June and July associated with bat pup rearing season.
	Robust erosion & sedimentation control measures and monitoring.
4.	If this is a renewal or extension of an existing Safe Harbor request <i>with</i> modifications, explain what about the project has changed.
	the project has changed.
5.	Provide a contact for questions about the project details if different from Part II primary contact.  Name:
	Phone:
	E-mail:

## Part V: Request Requirements and Associated Application Types

Check one box from either Group 1, Group 2 or Group 3, indicating the appropriate category for this request.

Group 1. If you check one of these boxes, complete Parts I – VII of this form and submit the required attachments A and B.		
☑ Preliminary screening was negative but an NDDB review is still requested		
Request regards a municipally regulated or unregulated activity (no state permit/certificate needed)		
Request regards a preliminary site assessment or project feasibility study		
Request relates to land acquisition or protection		
Request is associated with a <i>renewal</i> of an existing permit or authorization, with no modifications		
<b>Group 2.</b> If you check one of these boxes, complete Parts I – VII of this form and submit required attachments A, B, and C.		
Request is associated with a <i>new</i> state or federal permit or authorization application or registration		
Request is associated with modification of an existing permit or other authorization		
Request is associated with a permit enforcement action		
Request regards site management or planning, requiring detailed species recommendations		
Request regards a state funded project, state agency activity, or CEPA request		
☐ <b>Group 3.</b> If you are requesting a <b>Safe Harbor Determination</b> , complete Parts I-VII and submit required attachments A, B, and D. Safe Harbor determinations can only be requested if you are applying for a GP for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities		
If you are filing this request as part of a state or federal permit application(s) enter the application information below.		
Permitting Agency and Application Name(s): DEEP Stormwater Section; GP for the Discharge of Stormwater and Dewatering Wastewaters from		
Consturction Activities.		
Related State DEEP Permit Number(s), if applicable:		
State DEEP Enforcement Action Number, if applicable:		
State DEEP Permit Analyst(s)/Engineer(s), if known:		
Is this request related to a previously submitted NDDB request?  ☐ Yes ☐ No If yes, provide the previous NDDB Determination Number(s), if known: 201703803		

## **Part VI: Supporting Documents**

Check each attachment submitted as verification that *all* applicable attachments have been supplied with this request form. Label each attachment as indicated in this part (e.g., Attachment A, etc.) and be sure to include the requester's name, site name and the date. **Please note that Attachments A and B are required for all new requests and Safe Harbor renewals/extensions with modifications.** Renewals/Extensions with no modifications do not need to submit any attachments. Attachments C and D are supplied at the end of this form.

	Overview Map: an 8 1/2" X 11" print/copy of the relevant portion of a USGS Topographic Quadrangle Map clearly indicating the exact location of the site.	
	<b>Detailed Site Map:</b> fine scaled map showing site boundary and area of work details on aerial imagery with relevant landmarks labeled. (Site and work boundaries in GIS [ESRI ArcView shapefile, in NAD83, State Plane, feet] format can be substituted for detailed maps, see instruction document)	
Attachment C:	Supplemental Information, Group 2 requirement (attached, DEEP-APP-007C)  Section i: Supplemental Site Information and supporting documents  Section ii: Supplemental Project Information and supporting documents	
Attachment D:	Safe Harbor Report Requirements, Group 3 (attached, DEEP-APP-007D)	

### **Part VII: Requester Certification**

The requester *and* the individual(s) responsible for actually preparing the request must sign this part. A request will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief."		
George T. Logan	12-31-2020	
Signature of Requester (a typed name will substitute for a handwritten signature)	Date	
George T. Logan	Principal Environm. Scientist	
Name of Requester (print or type)	Title (if applicable)	
Signature of Preparer (if different than above)	Date	
Name of Preparer (print or type)	Title (if applicable)	

Note: Please submit the completed Request Form and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Or email request to: deep.nddbrequest@ct.gov



